



## April is Sexual Assault Awareness Month

The purpose of Sexual Assault Awareness Month is to increase the public's understanding of sexual violence in our society. This effort helps communities support rape and sexual assault survivors, victims, their families, and the individuals and agencies that provide rape crisis intervention and prevention services throughout the year. It is also a time to encourage the public to take steps to address sexual violence. The hope is that a month of intensified awareness efforts combined with the broad spectrum of sexual violence prevention work throughout the year will bring us closer to ending sexual assault.

Rape or sexual assault can happen to anyone, regardless of age, gender, race, sexual orientation or socioeconomic status. It is never the survivor's fault. It is about power and control.

### Take Back the Night

In the 1970s, women in England began organizing protests against violence called "Take Back the Night." These women-only protests were a direct response to the violence they encountered walking the streets after sundown. As these activities became more coordinated, they crossed the Atlantic Ocean to the United States, and in 1978, America's first Take Back the Night events were held in San Francisco and New York City.

By the early 1980s, a great deal of interest had developed in coordinating events to raise public awareness of violence against women. October was initially set aside for public awareness of violence against women issues. However, over the course of time, domestic violence awareness activities became Octo-

ber's principle focus. People started to look for a separate time to focus attention on sexual assault issues.

By the late 1990s, many states began coordinating activities throughout the month of April on an active and regular basis, promoting an idea for a nationally recognized month for sexual violence awareness activities. As a result, Sexual Assault Awareness Month was first observed nationally in April 2001.

### Why Teal?

During this same time frame (2000-2001), the Resource Sharing Project and the National Sexual Violence Resource Center polled state, territory, and tribal coalitions and found they preferred the color teal for sexual assault awareness and prevention.

*Please see Denim Day, page 4*

## Women's Health Week: May 14-20

When women take even the simplest steps to improve their health, the results can be significant. The Governor's Office for Children, Youth and Families, in collaboration with the Arizona Department of Health Services (ADHS), has created the Arizona Women's Health Week campaign to raise awareness about women's health issues and to foster collaboration between health care providers, state, local, and tribal government, and social service organizations. Arizona Women's Health Week is May 14-20. The event is held in concert with a national effort by the U.S. Department of Health and Human Services to raise awareness about manageable steps women can take to improve their health. For more information

about the national effort, visit [www.4woman.gov/whw/](http://www.4woman.gov/whw/).

In Arizona in 2005, six counties held events, reaching over 1,300 women. The events were hosted by hospitals, a county health department, community health centers, a tribal health agency, community service agencies, and universities. Activities included health expos and screenings, support groups, lectures, educational events, book discussions, and information and referral services.

To learn more about Women's Health Week and how your community can become involved, contact Catherine Hannen by calling 602-364-1474 or emailing her at

[hannenc@azdhs.gov](mailto:hannenc@azdhs.gov). For information about events for state employees and about local events visit the ADHS web site at [www.azdhs.gov](http://www.azdhs.gov) and click on the Women's Health Week ribbon icon. 

### Inside this issue

Sexual Assault Awareness.....	1
Women's Health Week.....	1
Sensory Program.....	2
Newborn Screening.....	3
Firearms in Arizona.....	4
New Office Chief.....	5
Community Health RFGA.....	5
RMPHEC Summer Institute.....	6
Day to Prevent Teen Pregnancy.....	6
New Employees.....	6



## Sensory Program: The Silent Partner

In 1946, the Easter Seal Society established the first hearing-screening program in Arizona. In 1951, the Arizona Department of Health Services (ADHS) took over this responsibility by establishing and managing the Hearing Conservation Program. ADHS worked with county health departments to have children's hearing screened, purchasing audiometers and loaning them to counties that did not have equipment to screen children. In 1971, the Arizona legislature mandated hearing screening for school-aged children. The legislative mandate applies to all Arizona schools, including pre-schools, private and public schools, K-12, and charter schools.


Today, the Hearing Conservation Program is called the Sensory Program. It is managed in the Office of Women's and Children's Health by Program Manager Virginia James and Administrative Assistant Denisa Brown-Perkins.

A crucial piece of this program is the role of the University of Arizona and the school nurses. ADHS contracts with the U of A Cooperative Extension in a collaborative effort to de-

velop the Train the Trainer (T<sup>3</sup>) Hearing Screening Program curriculum and to train hearing screening trainers. T<sup>3</sup> entails three layers of training: master trainers train T<sup>3</sup> trainers to train hearing screeners. School nurses become T<sup>3</sup> trainers, train screeners, and conduct hearing screening in schools.

In the 2004-2005 school year, there were 3,588 T<sup>3</sup> trained hearing screeners. Qualified screeners checked over 574,000 students. Out of the children screened, 25,319 received medical or audiological

follow-up. Without the hard work Arizona school nurses do, over 25,000 children would not have received medical or audiological treatment. As a result, in Arizona, nearly 2,000 children were identified for the first time as having a sensory neural hearing loss.

We at ADHS wish to thank all of the dedicated people, school nurses, the U of A T<sup>3</sup> Program, and the Arizona Legislature that recognized the importance of the future of our children. 



Top center: Kristine Giles conducts hearing screenings on preschool students. (Courtesy of Trinity Lutheran Church and School.)

Bottom right: T<sup>3</sup> Train-the-Trainer Institute for Hearing Screening presented by Master Trainer Lisa Thompson. (Courtesy of University of Arizona T<sup>3</sup> Train-the-Trainer.)

## Newborn Screening Expands

Arizona newborns will receive an extra measure of protection as the state newborn screening program begins expansion of the newborn screening panel for serious genetic disorders. As well as expanding the number of disorders identified by bloodspot testing, the Arizona Department of Health Services will begin providing follow up services for newborns and infants who do not pass the hearing screen done at birth.

The bloodspot screen expansion, from 8 to 28 disorders, begins in late April 2006, with additional disorders added periodically over the next year (see table). By July 2007, results will be reported for all 28 disorders, including cystic fibrosis. The twenty-eight disorders selected for the expansion are the same as those recommended by the American Academy of Pediatrics, March of Dimes, American College of Medical Genetics, and the Genetic Disease Branch of the federal Maternal and Child Health Bureau. Arizonans will benefit from the knowledge that treatable, disabling or life-


threatening, genetically acquired disorders can be identified in babies who otherwise may seem perfectly healthy at birth. Early treatment can prevent the irreversible symptoms of damage that, in the past, were the first indicators of these disorders.

Expansion of the newborn screen is primarily possible by the arrival of a Tandem Mass Spectrometer (MS/MS), a laboratory instrument able to distinguish and measure a vast number of analytes indicating possible presence of disease. The Arizona State Laboratory is completing validation testing for many of the disorders that will be screened, and testing will continue for the next year. Some disorders are identified with other methodology but the MS/MS offers a huge breakthrough in newborn screening.

A critical piece of Arizona's comprehensive newborn screening program is still the collection of a satisfactory specimen, and complete and accurate information on the specimen card. Tests are done with small samples of blood taken from the

baby's heel between 24 and 72 hours of age or before the baby leaves the hospital. A second newborn screen is collected at five to ten days of age, or at the time of the first doctor visit. Because there is no perfect point in time for optimum identification of all of the disorders in the expanded panel, it is more important than ever to ensure babies have two newborn screens.

Newborn screening has long been recognized as an essential, life-saving, and effective preventive public health service. In the past few years, almost one hundred babies per year have received the help they needed because their newborn screen revealed possible presence of a disorder.

For more information about newborn screening, please visit our Website at <http://www.azdhs.gov/phs/owch/newbrnscrn.htm> or call Newborn Screening at (602) 364-1409 or 1-800-548-8381 (outside Maricopa County). 

## The Newborn Screen Expansion

### By May 2006

- Results will be reported for the currently screened disorders plus Citrullinemia, Tyrosinemia, and Argininosuccinic acidemia
- Pilot testing for Fatty Acid Oxidation and Organic Acid disorders will begin
- The ADHS will provide follow-up services to encourage families of infants who have not passed the newborn hearing screen to access appropriate screening, evaluation, or intervention
- The newborn screening fee will increase from \$20 per screen to \$30 for the first screen, and \$40 for the second screen

### By September 2006

- Results will be reported for 27 disorders
- Pilot testing for cystic fibrosis will begin

### By July 2007

- Results will be reported for 28 disorders, including Cystic Fibrosis



## Denim Day – April 26, 2006

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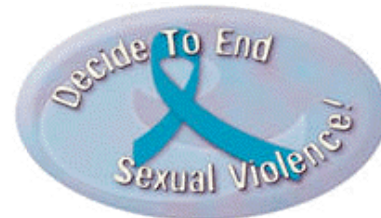
Sexual assault awareness activities have expanded to include issues of sexual violence against men and men's participation in ending sexual violence. Sexual Assault Awareness Month is dedicated to making a concerted effort to prevent sexual violence, to raise awareness of it, and to raise awareness of its prevention through special events (although such activities may occur at any time throughout the year). Recognizing Sexual Assault Awareness Month each year highlights sexual violence as a major public health problem and reinforces the need for prevention efforts.

Recently, Sexual Assault Awareness Month campaigns have in-

cluded a greater focus on primary prevention.

### Denim Day

Wearing jeans during Sexual Assault Awareness Month is an international symbol of protest against harmful attitudes about rape. In 1999, the Italian Supreme Court overturned a rape conviction because the victim wore jeans. The justices reasoned that the victim must have helped her attacker remove her jeans, which they felt implied consent. Women of the Italian legislature protested the decision by wearing jeans. As news of the decision spread, so did the protest, creating an annual Denim Day where denim is worn. This year's Denim Day is April 26. 



**Day to End Sexual Violence  
Thursday, April 6**

**Take Back the Day  
Monday, April 3**

**Take Back the Night  
Wednesday, April 5**

**Denim Day  
Wednesday, April 26**

## Firearms in Arizona

The most recent national comparison available (2003) ranks Arizona 10<sup>th</sup> in the nation for its rate of violence-related firearm deaths. (Violence refers to suicides, homicides, and legal intervention.) In 2003, Arizona's violence-related firearm death rate of 14.7 per 100,000 was considerably higher than the national rate of 9.9 per 100,000.

In 2004, 873 Arizona residents died from the misuse of firearms. In addition to numerous deaths, many Arizona residents are severely injured from firearms. There were 738 inpatient hospitalizations and 844 emergency department visits due to firearm-related injuries.

Firearm-related death rates vary by age and gender. Among age groups, 20-24 year olds had the highest firearm-related death rate (32.2 per 100,000) and the highest firearm homicide rate (18.4 per 100,000) in 2004. In contrast, adults over the age of 85 had the highest firearm suicide rate (24.5 per 100,000) accounting for 19 deaths. The 2004 firearm-related mortality rate among males (26.3 per 100,000) was 7.1 times greater than

the rate of 3.7 per 100,000 among females.

Firearm-related death rates also differ by race/ethnicity. African Americans had the highest firearm-related death rate (24.9 per 100,000) and the highest firearm homicide rate (18.8 per 100,000) among racial/ethnic groups in Arizona during 2004. However, White non-Hispanics had the highest firearm suicide rate (10.6 per 100,000).

The number of self-inflicted and assault-related firearm injuries varies dramatically by severity. Among firearm self-inflicted injuries in 2004, 91.4 percent (n=498) were fatal; 5.7 percent (n=31) required hospitalizations; and 2.9 percent (n=16) required visits to the emergency room. Among assault-related firearm injuries in 2004, 43.0 percent (n=478) required hospitalizations; 29.7 percent (n=331) were fatal; and 27.3 percent (n=304) required visits to the emergency room.

Costs of non-fatal firearm-related injuries create an enormous financial burden to society. Inpatient hospitalization charges for firearm-related inju-

ries totaled more than \$39 million in Arizona during 2004.

Research has shown that keeping a gun locked and unloaded, storing ammunition in separate location, and locking ammunition are each associated with a protective effect in reducing firearm-related injuries to children and teenagers in homes where guns are stored. Results of the 2004 Behavioral Risk Factor Survey indicate that firearms are present in 31.4 percent of households in Arizona and in 31.3 percent of households nationwide.

A higher percentage of Arizonans reported that they kept loaded firearms (9.0 percent in Arizona compared to 6.7 percent nationally). Arizonans were also more likely to keep loaded and unlocked firearms in or around the house (5.9 percent of households in Arizona compared to 4.0 percent nationwide).


Among households with children under 18 years of age, a higher percentage of Arizonans reported that they kept loaded firearms (7.0 percent in Arizona compared to 5.5 percent

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## New Office Chief

Sheila Sjolander is the new chief of the Office of Women's and Children's Health. After 5 years as manager of the office's Planning, Education, and Partnership section, she has moved up to fill the vacancy left by former chief Jeanette Shea-Ramirez. (Jeanette, by the way, is now the deputy assistant director for Public Health Prevention Services.) After a brief period as acting office chief, Sheila's promotion was made official in early January.

In other changes around the office, Lisa Schamus assumed the role of section manager for Assessment and Evaluation. Joan Agostinelli, the section's former manager, is now acting office chief of the Office for Children with Special Health Care Needs.

For a complete list of new employees since our last issue, see page 6. 




## Community Health Services RFGA

The OWCH Community Health Services Program will be releasing a new Request for Grant Application (RFGA) around July 2006. This RFGA is funded by the Title V Maternal Child Health Block Grant. The RFGA process will provide more flexibility to the grant recipient regarding the services provided to the various communities throughout the state of Arizona. The scope of work can be molded to better fit the needs of the community and will have the freedom of being more easily adjusted as community needs change. All applications will be expected to follow the Arizona Logic Model as a measurable way of providing the chosen health outcomes.

Historically, women's outcomes for this program have included reducing the percentage of women who smoke, increasing the proportion of women who are at a healthy weight, engage in regular physical activity, and consume at least 5 fruits and vegetables a day. Also included were reducing the percentage of women who report experiencing "a lot" of stress, abuse alcohol or other drugs and reducing women's deaths caused by motor vehicle accidents. Children's outcomes have included reducing the rate of deaths to children caused by motor vehicle crashes, reducing infant mortality among Native Americans and/or African Americans, and increasing access to primary care for children

under the age of 14. It is the goal of this RFGA to expand on the previously mentioned outcomes and improve the health and safety of women and children in Arizona's communities.

After June 2006, you may be able to find information about this RFGA at the Arizona Department of Health Services website at [www.azdhs.gov/procurement](http://www.azdhs.gov/procurement) or by calling the procurement office at 602-542-1040. The requirements of the new RFGA, including outcomes and timeframes, will be included in the RFGA at the time of its release. The expected start date for the new grants awarded under the RFGA is January 1, 2007. 


## Firearms in Arizona (contd.)

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nationally). Arizonans were also more likely to keep loaded and unlocked firearms in or around the house (2.7 percent of households in Arizona compared to 2.3 percent nationwide).

Each year since 1997, the Brady Campaign to Prevent Gun Violence

has issued report cards for all 50 states. These report cards graded each state on seven measures that are thought to be effective in reducing firearm injuries. In 2004, The Brady Campaign gave Arizona a "D" because the state has no state law restricting assault weapons or rapid fire ammunition magazines, does not re-

quire background checks at gun shows, does not require child-safety locks to be sold with guns, and does not hold adults responsible for leaving loaded guns around children. The Brady Report noted that, on the positive side, Arizona does regulate the sale and possession of guns for minors. 



## RMPHEC Summer Institute


The Rocky Mountain Public Health Education Consortium is holding its Summer Institute in Tucson from July 24-28, at the University of Arizona's Mel and Enid Zuckerman College of Public Health. This week-long event is an opportunity to educate yourself about various maternal and child health issues, and to network with

colleagues from other Rocky Mountain and Southwest states.

According to the RMPHEC's website, the Institute is for "all public health practitioners who wish to improve their core public health practice skills."

Events scheduled include MCH Certificate Program Proseminars, Public

Health Preparedness for Mothers and Children, Women's Health Community Partnerships, and Evidence-Based Practice to Support Early Childhood Development.


For more information, go to <http://services.tacc.utah.edu/rmphec/summerinstitute2006/index.html>. 

## National Day to Prevent Teen Pregnancy: May 3

In 2004, an average of 39 Arizona teens became pregnant every day. Even though there have been significant declines in teen pregnancy and birth rates since 1998, Arizona continues to have one of the highest rates in the country. Many teens still think it won't happen to them. The National Campaign to Prevent Teen Pregnancy is sponsoring a National Day to Prevent Teen Pregnancy on May 3, 2006. On that day, teens nationwide will be encouraged to take a short online quiz at

[www.teenpregnancy.org](http://www.teenpregnancy.org) that will challenge them to reflect on the healthiest choices in a number of sexual situations. The purpose of the National Day is to educate teens on the importance of avoiding teen pregnancy and other serious consequences of sexual activity. The Office of Women's and Children's Health is working with contracted agencies under the Abstinence Education Program and Teen Pregnancy Prevention Community Programs to promote the national day in Arizona. Activities

planned include a community breakfast and youth award presentation in Prescott and exhibits at various schools in the area. Exhibits and events are also being planned in other counties throughout the state.

For more information and supportive materials for planning an event, please contact the Office of Women's and Children's Health at (602) 364-1400, or go to [www.teenpregnancy.org](http://www.teenpregnancy.org). 

## New Employees Since Our Last Edition



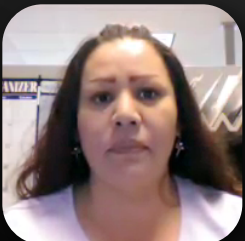
**Lanetha Stingley**  
Administrative Secretary  
Newborn Screening



**Christina Finan**  
Follow Up Specialist  
Newborn Screening



**Donna Martinez**  
Administrative Assistant  
Newborn Screening



**Anna Dominguez**  
Administrative Secretary  
High Risk Perinatal Program



**Sandy Howells**  
Program Manager  
High Risk Perinatal Program



**Jennifer Jung**  
Injury Epidemiologist  
Assessment & Evaluation